



St. Peter's
Catholic
Primary School

DATA COLLECTION SHEET

Please check the information, sign and return to the school office on -
admin3@stpeter.doncaster.sch.uk

Legal Surname:	Legal Forename:
Chosen Name:	Middle Name:
Date of Birth:	Gender:

Address:	
Post Code:	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.
Place them in the order that you wish for them to be contacted in an emergency.

Priority	Name/Relationship	Home Address Inc. Postcode & Tel No's	Workplace & Tel No's
1		Mobile: Email: <i>Priority 1 contact is used for emails & texts</i>	Tel: Email:
2		Mobile: Email:	Tel: Email:
3		Mobile: Email:	Tel: Email:
4		Mobile: Email:	Tel: Email:

Medical Practice:	
Address & Tel No:	

Medical Condition(s):

Previous Nursery/School:

Dietary Needs:

Ethnicity:		Religion:	
Home Language:		First Language:	
Country of Birth:		Nationality:	Passport No:

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Education Authority and with DfE and other Departments for statistical and research purposes.

Signature:

Date:

PARENTAL AGREEMENT AND CONSENTS - please read and complete all the sections outlined below.

Parental Agreements

<p>Attendance Policy</p> <p>I will ensure that my child attends school in all but exceptional circumstances and on time following the NHS guidance 'Is my child too ill for school?' NHS Guidance - Is my child to ill for school? I agree not to take my child on holiday during term time. Should exceptional circumstances arise I agree to discuss the matter with the Headteacher prior to any booking Attendance Guidance and Leave of Absence Form</p>	YES	NO
<p>School Behaviour Policy</p> <p>I support the school's efforts to create a safe and positive environment in which my child can work. A copy of the policy is available on the school's website Positive Behaviour Policy</p>	YES	NO
<p>Uniform Policy</p> <p>I agree that my child will abide by the school's uniform policy. If my child requires a variation to the uniform for a valid reason I will contact the school for authorisation prior. Uniform Policy</p>	YES	NO
<p>Parents Evenings/Teacher Contact</p> <p>If I have any questions or concerns regarding my child's learning I will contact the class teacher via the class email address outlined on the school website in a timely manner. For all other queries I will contact the school office. I will ensure I am able to attend scheduled Parents Evenings Class Information</p>	YES	NO

Parental Consents

<p>Photographs Photograph Consent Form</p> <p>I give consent for you take photographs of my child for use in displays around school and in the learning resources used in school.</p> <p>I give consent for you to take and use photographs or video recordings of my child for use on the school website and twitter (X) page.</p> <p>I give consent for my child's photograph to be taken by the school photographer including a class photograph which will be available for purchase by other parents.</p>	YES	NO
<p>Medical Conditions and Managing Medicines</p> <p>I have read and understood the school's managing medicines policy. Managing Medicines in School Policy</p> <p>I will submit an up to date copy of my child's care plan to school to help manage their medical condition or allergy effectively.</p> <p>I will complete a Parental Agreement for School to Administer Prescribed Medicine form as required Administer Prescribed Medicines in School Form</p>	YES	NO
<p>E-Safety</p> <p>I have read and understood the school's e-safety parent's guide. I consent to my child using the internet during their time in school E-Safety Parent Consent</p>	YES	NO

Our full privacy notices and data protection policy are available on the school website <https://www.stpeterdoncaster.co.uk/>

Once received, the agreements and consents will remain in place for the duration of your child's time at St Peter's, therefore if you need to make any changes in the future, please contact the office.

I CONFIRM THAT THE INFORMATION CONTINUED ON THIS FORM IS CORRECT.

Signed _____ Full Name (block capitals) _____

Relationship to the child _____ Date _____